

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

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ROBERT A. CROFTCHECK )  
Plaintiff ) Case Number: 10-589  
vs. )  
COMPLETE CREDIT SOLUTIONS, )  
INC. )  
Defendant )

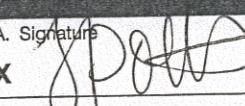
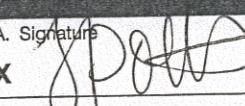
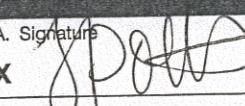
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**CERTIFICATE OF SERVICE**

I, BRENT F. VULLINGS, ESQUIRE, do hereby certify that I did mail a true and correct copy of the Summons in a Civil Action and the Civil Complaint via regular mail and certified mail, return receipt requested to Defendant, Complete Credit Solutions, Inc. on 03/19/2010. Said return receipt card was received and signed for by an agent of defendant, "J. Potts", on 03/25/10. Said return receipt card is attached hereto as Exhibit "A".

Date: March 29, 2010

*/s/ Brent F. Vullings*  
Brent F. Vullings, Esq.  
Warren & Vullings, LLP  
1603 Rhawn Street  
Philadelphia, PA 19111  
215-745-9800

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>											
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>A. Signature </p> </td> <td style="width: 50%;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee         </td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td>C. Date of Delivery 3-25-10</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">           3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </td> </tr> <tr> <td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td> </tr> </table>		<p>A. Signature </p>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery 3-25-10	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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1. Article Addressed to:  <b>Complete Credit Solutions, Inc.</b> <b>2921 Brown Trail, Suite 100</b> <b>Bedford, TX 76021-4144</b>		2. Article Number <i>(Transfer from service label)</i> 7099 3400 0012 8373 6815											
PS Form 3811, February 2004		Domestic Return Receipt											
		102595-02-M-1540											